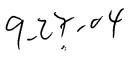
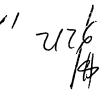
PATENT Appl. No. 09/517,018 Apprney Docket No. 450100-02393





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

: Hideaki OKAMURA

RECEIVED

Appl. No.

09/517,018

SEP 3 0 2004

Filed

Technology Center 2100

For

March 2, 2000

DATA PROCESSING APPARATUS, DATA PROCESSING

METHOD, AND PROGRAM PROVIDING MEDIUM

Art Unit

2126

Examiner

TRUONG, Lechi

745 Fifth Avenue

New York, New York 10151

EXPRESS MAIL

Mailing Label Number:

ER 740847694 US

Date of Deposit:

September 23, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop Amendment Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of March 25, 2004, please amend the above-identified application as follows:

cant:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hideaki OKAMURA

ppl. No.:

09/517,018

Filed

March 2, 2000

For

DATA PROCESSING APPARATUS, DATA PROCESSING METHOD, AND

PROGRAM PROVIDING MEDIUM

Art Unit

2126

RECEIVED

Examiner:

TRUONG, Lechi

SEP 3 0 2004

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS ALEXANDRIA, VA 22313-1450

Technology Center 2100

Sir

Transmitted herewith is an amendment in the above-identified application.

- П No additional fee is required.
- \boxtimes The fee has been calculated as shown below.
- This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Claims remaining after amendment		Highest number of claims previously paid for*		Extra claims		Rate	·	Additional fee
Total Claims	4	-	38	=	0	×	\$18(\$9)	=	\$0.00
Independent Claims	2	-	6	=	0	×	\$86(\$43)	=	\$0.00
Total Fee for additional claims									\$0.00

If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- Ø A fee of \$950.00 is due to cover:
 - additional claims,
 - multiple dependent claim(s),
 - an extension of time. This response is being filed within three month(s) following the expiration of the term originally set therefor. This is a petition to request a three-month extension of time.

This fee is to be paid by:

- an enclosed check in the amount of \$950.00.
- charging \$00.00 to Deposit Account No. 50-0320.

This application contains a multiple dependent claim. The required fee of \$290(\$145) has been previously paid ___, or is paid herewith .

X Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

EXPRESS MAIL

FROMMER LAWRENCE & HAUG, LLP Attorneys for Applicant(s)

Mailing Label Number:

ER 740847694 US

Date of Deposit:

September 23, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450.

By: William S. Frommer Reg. No. 25,506

Tel. (212) 588-0800

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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